

MUNICIPALITY OF SKAGWAY - ABSENTEE BALLOT APPLICATION

APPLY EARLY!

COMPLETE THE INFORMATION BELOW AND SEND COMPLETED AND SIGNED APPLICATION TO THE BOROUGH CLERK VIA MAIL, FAX, OR EMAIL:

Borough Clerk, Municipality of Skagway
P.O. Box 415
Skagway, AK 99840

FAX: 907-983-2151
EMAIL: s.burnham@skagway.org

NOTE: APPLICATIONS MUST BE PHYSICALLY SIGNED IN ORDER TO BE PROCESSED. APPLY EARLY TO ENSURE PROMPT DELIVERY. For information regarding Primary and General elections, please visit the State of Alaska Division of Elections website at www.elections.alaska.gov.

1. Please send me a ballot for the:

- October Regular Municipal Election Special Election dated _____

2. Last Name: _____ **First Name:** _____ **Middle Initial:** __ **Suffix:** __

3. Voter Number (if known): _____

4. Skagway Residence Address (physical):

5. Skagway Mailing Address:

6. Identifiers – You MUST provide at least ONE:

- Last 4 Digits of Social Security #: _____
- AK Driver's License or State ID#: _____
- Date of Birth: _____

7. Ballot Mailing Address. Please send my ballot to the following address:

8. Contact Information: Phone: _____ Email _____

9. Voter Certificate. Read and sign: I swear or affirm, under penalty of perjury, that: the information on this form is true, accurate, and complete to the best of my knowledge and I am eligible to vote in Skagway, Alaska, I am not requesting a ballot from any other jurisdiction, and I am not voting in any other manner in this election.

Signature: _____ **Date:** _____

**YOUR SIGNATURE MUST BE A HANDWRITTEN SIGNATURE.
A TYPED OR DIGITAL SIGNATURE IS NOT VALID.**